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[illegible]

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: RD-26970

Diffusion Barrier Coatings, And Related Articles And Processes

First Named Inventor: Ji-Cheng (NMN) Zhao

SUBMITTED BY

Name:	Noreen C. Johnson
Registration Number:	38929
Electronic Signature Mark: NCJ	Date Signed: 20010611

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

fee-transmittal	johnsonRD26970fee.xml
bibd-transmittal	johnsonRD26970apds.xml
specification	RD26970.xml
declaration	Dec 1.tif
declaration	Dec 2.tif

Attached Image File(s):

Dec 1.tif

Dec 2.tif

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Comments:

Table 1. Demographic characteristics of the study population	
Age (years)	50.0 ± 10.0
Gender	
Male	50.0%
Female	50.0%
Education level	
High school or above	80.0%
Below high school	20.0%
Occupation	
White collar	30.0%
Blue collar	70.0%
Marital status	
Married	70.0%
Single	30.0%
Family size	
1-2	40.0%
3-4	50.0%
5 or more	10.0%
Health status	
Good	60.0%
Fair	40.0%
Poor	0.0%
Smoking status	
Smoker	30.0%
Non-smoker	70.0%
Alcohol consumption	
Regular	20.0%
Occasional	30.0%
Never	50.0%
Exercise frequency	
Regular	40.0%
Occasional	30.0%
Never	30.0%
Stress level	
High	40.0%
Medium	30.0%
Low	30.0%
Life satisfaction	
High	50.0%
Medium	30.0%
Low	20.0%
Healthcare utilization	
Regular	40.0%
Occasional	30.0%
Never	30.0%
Health insurance	
Yes	80.0%
No	20.0%
Healthcare cost (USD)	100.0 ± 50.0
Healthcare satisfaction	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare access	
Easy	50.0%
Difficult	50.0%
Healthcare quality	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare safety	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare effectiveness	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare equity	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare transparency	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare accountability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare responsiveness	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare communication	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare collaboration	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare innovation	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare sustainability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare resilience	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare adaptability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare inclusiveness	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare accessibility	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare availability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare affordability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare acceptability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare appropriateness	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare timeliness	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare effectiveness	
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Medium	30.0%
Low	30.0%
Healthcare equity	
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Medium	30.0%
Low	30.0%
Healthcare transparency	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare accountability	
High	40.0%
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Healthcare collaboration	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare innovation	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare sustainability	
High	40.0%
Medium	30.0%
Low	30.0%
Healthcare resilience	
High	40.0%

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-26,970

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIFFUSION BARRIER COATINGS, AND RELATED ARTICLES AND PROCESSES

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

Priority Claimed

☐ Yes ☐ No

☐ Yes ☐ No

_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) I below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, **CUSTOMER NO. 006147.**

Address all telephone calls to: Noreen C. Johnson at telephone number (518) 387-7863

Address all correspondence to: **General Electric Company
CRD Patent Docket Rm 4A59
P.O. Box 8, Bldg. K-1 - Salamone
Schenectady, New York 12301**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information belief are believed to be true and further that these statements were made with the knowledge that willful false statements the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

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First Name

Middle Name

Last Name

Signature: 

Date

4/17/01Residence: Niskayuna, New York

City and State

Citizenship: USAPost Office Address: 2475 Brookshire Drive, Apt. 132, Niskayuna, NY 12309

SECOND JOINT INVENTOR:

Full name: Melvin Robert Jackson

First Name

Middle Name

Last Name

Signature: 

Date

4/17/01Residence: Niskayuna, New York

City and State

Citizenship: USAPost Office Address: 2208 Niskayuna Drive, Niskayuna, New York 12309

THIRD JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____

Date

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1356

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 07-0868

Deposit Account Name: General Electric CRD



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Noreen C. Johnson

Electronic Signature Mark: NCJ

Date Signed: 20010611

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 47	103	\$ 18	27	\$ 486
Independent Claims: 5	102	\$ 80	2	\$ 160

Subtotal For Extra Claims Fees: \$ 646